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AUTHOR	Waksman, Steven; Jones, Vern
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ABSTRACT

This technical assistance paper aims to help Oregon special education personnel to standardize the eligibility criteria for the category of seriously emotionally disturbed (SED) students and to assist Oregon educators in providing appropriate services to students experiencing serious school behavior problems. The paper reviews definitions, prevalence estimates, and legal requirements regarding the identification of seriously emotionally disturbed students and the provision of services for them, based on Public Law 94-142 and Oregon Administrative Rules 581-15-005 and 581-15-051. The paper recommends eligibility criteria, presents a rationale for the criteria, outlines a continuum of services to meet students' special needs, and provides an SED evaluation checklist. Also included are a glossary and lists of selected behavior rating scales, social skills training programs, and parent training programs that are commercially available. (JDD)

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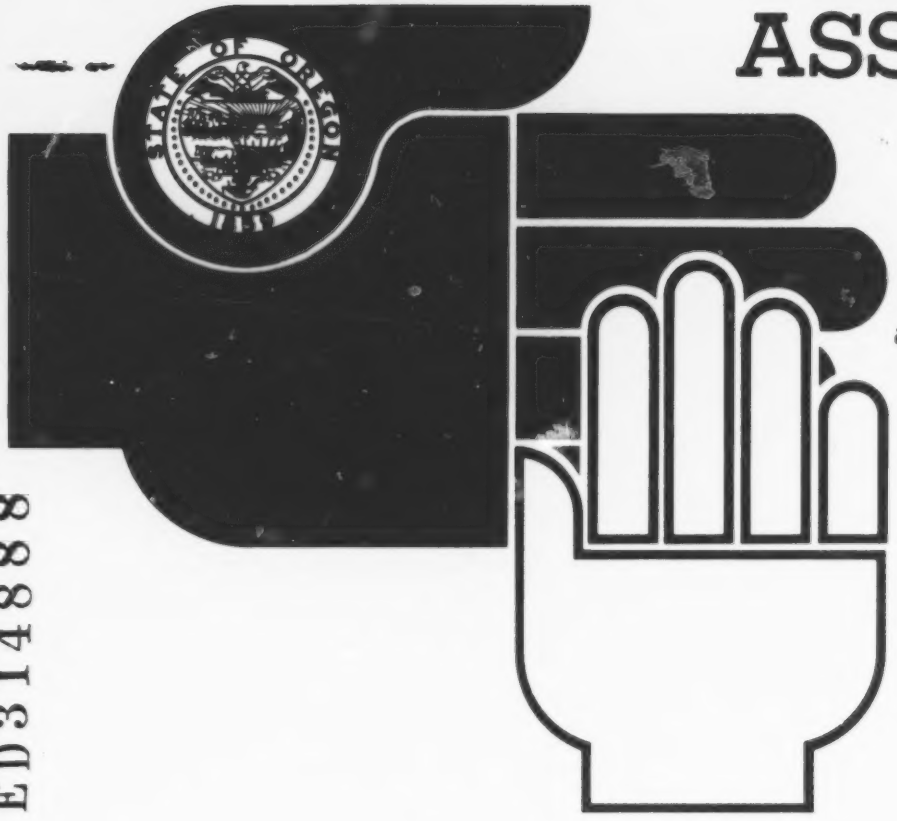

A Series on PL 94-142 and Related Oregon Laws

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A Suggested Procedure for The Identification of and Provision of Services to Seriously Emotionally Disturbed Students

Technical Assistance Paper 5

August 1985

Verne A. Duncan
State Superintendent of Public Instruction

Oregon Department of Education
700 Pringle Parkway SE
Salem, Oregon 97310-0290

TECHNICAL ASSISTANCE PAPERS

A Series on PL 94-142 and Related Oregon Laws

Developed by

Steven Waksman, Ph.D.
Department of Counseling Psychology
Lewis and Clark College
Portland, OR 97219

Vern Jones, Ph.D.
Department of Education
Lewis and Clark College
Portland, OR 97219

for the
Oregon Department of Education

A Suggested Procedure for
The Identification of and Provision of Services to
Seriously Emotionally Disturbed Students

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Technical Assistance Paper 5

A SUGGESTED PROCEDURE FOR THE IDENTIFICATION AND PROVISION OF SERVICES TO SERIOUSLY EMOTIONALLY DISTURBED STUDENTS[1]

Introduction

Purpose

The purpose of this technical assistance paper is to help Oregon special education personnel to standardize the eligibility criteria for the category of seriously emotionally disturbed students and to assist Oregon educators in providing appropriate services to students experiencing serious school behavior problems. The best available expert advice and the most current legal interpretations were used as a guide.

This paper will review definitions, prevalence estimates and legal requirements regarding the identification of and the provision of services for seriously emotionally disturbed students. In addition, this paper will recommend eligibility criteria for the category of seriously emotionally disturbed, and a continuum of services to meet the special needs of seriously emotionally disturbed students. The authors realize that there will always be a great deal of clinical judgment involved in any eligibility criteria, but also believe that specific criteria used in other categories (e.g., the two or more standard deviations below the mean on IQ tests used for the mental retardation category and the 20/70 or less acuity used for the visually handicapped category) have assisted educators in making more consistent, thoughtful eligibility decisions.

Definitions and Prevalence

The term "seriously emotionally disturbed" refers to a heterogeneous group of students who display a variety of "grossly inappropriate" (Reeve & Kauffman, 1978) behaviors. The behaviors displayed by such students are often topographically or physically similar to the behavior of normal children. However, some problem behaviors such as yelling, hitting, temper tantrums or the avoidance of peers may be displayed more frequently (e.g., high rate of aggression), may be displayed at a greater intensity (e.g., yelling at high decibels) or may be displayed for a longer duration of time (e.g., extremely long temper tantrums). Other seriously emotionally disturbed children display low frequency behaviors which are grossly inappropriate for their age level and/or severely violate social norms (e.g., public masturbation, inappropriate touching of others or self-abuse). In addition, seriously emotionally disturbed children have long-standing problems which are not the result of specific situations such as a recent divorce or death in the family, an inappropriate educational program, an isolated traumatic experience or culturally-different norms. The severity of a student's behavior is usually based upon the rate of the inappropriate behavior, the variety of inappropriate behaviors displayed, the number of settings in which the inappropriate behaviors are displayed, the extent of social norm violation, the age of onset of the inappropriate behaviors and the magnitude or force of the inappropriate behaviors (Clarizo & McCoy, 1983; Herbert, 1983; Heward & Orlansky, 1980; Loeber, 1982; Reeve & Kauffman, 1978).

For the purpose of PL 94-142, the term "seriously emotionally disturbed" should be used to describe 2-3 percent (Barlow, 1979; Nelson, 1985; U.S. Department of Education, 1971) of all children and include students with very severe school conduct disorders, psychotic or schizophrenic disorders and severe avoidant, affective or withdrawn disorders. Students displaying delinquent and/or antisocial behavior in the community but who do not display severe behavioral or emotional problems in school should not be found eligible for special education services under this category. Longitudinal studies have, however, shown that children with a variety of antisocial and behavior disorders are the most likely to experience long-term adjustment problems, while children experiencing emotional problems with no associated antisocial behavior patterns can over time be expected to perform as well as randomly selected children (Robbins, 1966, 1979).

[1] The authors wish to express their appreciation to Hill Walker, Herb Severson and many other Oregon educators and psychologists for their helpful suggestions.

Many experts believe the categorical label should be changed to "serious behavior disorders" or "behavioral disabilities," (Dunn, 1973; Nelson, 1985; Walker, 1983; Walker, Reavis, Rhode & Jensen, 1985). Some states (e.g., Colorado, Georgia, Iowa, Illinois, Kentucky, Louisiana, Minnesota, Missouri, Nebraska, New Mexico, Ohio, Rhode Island, Utah, Washington, and West Virginia) have already changed their label and eligibility category to include behavior disorders, and the U.S. Department of Education is currently studying the appropriateness of such a change for PL 94-142.

At this time there is no generally accepted definition for the emotionally disturbed or behaviorally disordered category or student (Reeve & Kauffman, 1978; Walker, Reavis, Rhode & Jensen, 1985). Specific eligibility criteria and the interpretation of the criteria differ between states, between districts within the same state and even between different multidisciplinary evaluation teams within the same school district. Although the Oregon Administrative Rules (OAR 581-15-051) outline the minimum eligibility criteria, these are broad enough to allow for radically different interpretations. Students who are determined eligible for special education services under the category of seriously emotionally disturbed in one district in Oregon have no guarantee that another school district will use the same specific eligibility criteria. Currently, Oregon is identifying approximately one half of one percent of all public school students under the category of seriously emotionally disturbed. Other states (e.g., Georgia and Washington) are identifying and serving 2 to 3 percent. The percentage varies greatly between states.

In addition to problems with definitions and eligibility criteria, there is also the problem of utilizing appropriate data to reach a decision. The seriousness of this problem was recently highlighted by Walker, Reavis, Rhode and Jensen (1985) when they wrote:

> *In an intriguing study, Ysseldyke, Algozzine and Epps (1982), studied the extent to which data presented at multidisciplinary team meetings supported the decision by the team to either certify or not certify a child as handicapped. They found that such decisions had little or nothing to do with the data presented on measures germane to the referral. Instead, decisions were based much more strongly on such factors as reason for referral, sex of pupil, appearance, and SES. Given the degree of overlap between normal, nonreferred students and those who are referred and the limited influence of data presented on the child's performance vis-a-vis the referral decision, the authors pose a fair question: Why bother with the data? (p. 14)*

While the above cited authors were specifically referring to eligibility decisions for learning disabled students, the problems are probably more pronounced for eligibility decisions regarding seriously emotionally disturbed students. This problem was further supported by a recent study in which the files of 60 students identified as behaviorally disordered were rated by 60 school psychologists and 60 teachers of behaviorally disordered students (Smith, Frank & Snider, 1984). When pairs of school psychologists and specially trained teachers rated student files regarding the sufficiency of file data for the purposes of identifying students, only 8 of the 60 files were judged by both raters to contain sufficient information to warrant identification. Indeed, in over half the cases, both the school psychologist and the teacher rated the data as insufficient for making the identification decision. In summarizing the results of their study, Smith, Frank and Snider (1984) wrote:

> *The results of this investigation indicated that intellectual and academic assessment data and health related information in student files received the highest mean availability and quality ratings by each professional group. However, from a value judgement perspective, both groups considered this information to be the least valuable in the identification of behaviorally disordered students. In contrast, the areas of data collection receiving the lowest mean availability and quality ratings by these two professional groups were social functioning, setting analysis, and actual behavior. However, both groups considered information concerning actual behavior and social functioning to be a major importance in the identification process. (p. 30)*

Current Legal Definitions and Eligibility Criteria

The following definitions are drawn from PL 94-142 and the Oregon Administrative Rules:

PL 94-142 the Education for All Handicapped Children Act of 1975

"Seriously emotionally disturbed" is defined as follows:

The term means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance.

a. An inability to learn which cannot be explained by intellectual, sensory, or health factors;

b. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;

c. Inappropriate types of behavior or feelings under normal circumstances;

d. A general pervasive mood of unhappiness or depression; or

e. A tendency to develop physical symptoms or fears associated with personal or school problems.

The term includes children who are schizophrenic. The term does not include children who are socially maladjusted, unless it is determined that they are seriously emotionally disturbed (emphasis added).

Oregon Administrative Rule 581-15-005

"Seriously emotionally disturbed" means an emotional problem which affects a child's educational performance to the extent that the child cannot make satisfactory progress in the regular school program. The seriously emotionally disturbed child exhibits one or more of the following characteristics over an extended period of time and to a marked degree:

a. An inability to learn at a rate commensurate with the child's intellectual, sensory-motor and physical development;

b. An inability to establish or maintain satisfactory interpersonal relationships with peers, parents or teachers;

c. Inappropriate types of behavior or feelings under normal circumstances;

d. A variety of excessive behaviors ranging from hyperactive, impulsive responses to depression and withdrawal; or

e. A tendency to develop physical symptoms, pains or fears associated with personal, social or school problems.

Oregon Administrative Rule 581-15-051 (6)

The State of Oregon has mandated the minimum eligibility criteria for determining a condition of seriously emotionally disturbed as follows:

a. School districts shall obtain an evaluation of the child conducted by qualified educational authorities, with psychological evaluation when appropriate.

b. The emotional problems shall have existed over an extended period of time and to such a degree as to significantly interfere with the child's educational progress. The nature of the emotional problems may include:

   1. An inability to learn at a rate commensurate with the child's intellectual, sensory-motor and physical development;

   2. An inability to establish or maintain satisfactory interpersonal relationships with peers, parents or teachers;

   3. Inappropriate types of behavior or feelings under normal circumstances;

   4. A variety of excessive behavior ranging from hyperactive, impulsive responses to depression and withdrawal; or

   5. A tendency to develop physical symptoms, pains, or fears associated with personal, social or school problems.

c. The child shall be examined by a physician licensed by a state board of medical examiners to verify:

   1. Whether there are physical factors contributing to the child's educational problems;

2. Whether medical treatment is needed prior to placing the child in a special education service; or,

3. Whether any other type of examination is needed.

d. Needed medical or psychological services should be provided concurrently with the special education services through the use of available ancillary resources.

It is important to differentiate the process of determining eligibility from that of developing the educational program. It is also important to recognize that determining eligibility is an educational decision regarding the need for special education services and is not a medical or psychiatric diagnosis. Eli Bower, whose definition was used as the basis for the definition proposed by the Federal government under PL 94-142, has recently written.

> *Acknowledging that definitions in the area of emotional disturbances are extremely difficult at best, [the] present PL 94-142 definition has serious adjustment problems as follows. The definition is contradictory in intent and content with the intent and content of the research from which it came. It combines a clinical, intrapsychic concept of emotional deviance with a school-related, behavioral one. (Bower, 1982, p. 60)*

Professional Judgment

The eligibility of a student as seriously emotionally disturbed is determined by the professional judgment of a multidisciplinary assessment team based upon as much objective documentation as possible. Documentation may be obtained from norm-referenced tests and rating scales, criterion-referenced measures, direct school and classroom observations, school records, medical records, and interviews with teachers, parents and the student in question. Eligibility must not be based upon the results of any one test or assessment procedure (Federal Register, 1977, pp. 42496-42497) and a medical examination by a licensed physician must be conducted to determine whether medical treatment is needed prior to placing a student in a special education program (OAR 581-15-015(6)). The required medical examination is not for the purpose of obtaining a medical or psychiatric diagnosis of emotional disturbance. Although seriously emotionally disturbed students may display "autistic type" or hyperactive behaviors, autistic and hyperactive students should not ordinarily be identified as seriously emotionally disturbed. According to PL 94-142, autistic students should usually be identified as "other health impaired" (Federal Register, 1981, pp. 3865-3866). Hyperactive or attention deficit disordered students who do not meet the seriously emotionally disturbed criteria, but do meet the eligibility criteria for specific learning disabilities, should be identified as "learning disabled." There is often an overlap between the behavior profiles of hyperactive children and severely aggressive and/or disruptive students, and such a distinction is often difficult to make (Herbert, 1982; O'Leary, 1980). However, the preferred procedure would be to look toward the learning disabilities category when identifying hyperactive or attention deficit disordered students.

A Continuum of Services

A variety of studies (Ysseldyke, Algozzine & Epps, 1982; Ysseldyke, Algozzine, Shinn & McGue, 1982; Ysseldyke, Algozzine, Richey & Graden, 1982; Ysseldyke, Christenson, Pianta & Algozzine, 1983) suggest that there is considerable overlap in the behavior of students referred for special education services and those not referred. Furthermore, students identified as seriously emotionally disturbed vary tremendously in the type and degree of unproductive behavior they display. Consequently, educators are involved in assisting a wide range of referred and nonreferred students in adjusting their behavior.

Given this situation, it is critical that educators view the provision of service to seriously emotionally disturbed students as existing within a continuum of interventions aimed at providing teachers and students with assistance in encouraging, developing and reinforcing desired student behaviors. School personnel must view managing student behavior problems as a preventive, problem-solving process. The decision to refer a student for identification should be viewed as a relatively late step within a systematic system for dealing with student behavior. Table 1 presents a model for such a systematic program.

Table 1

CONTINUUM OF SERVICES FOR MANAGING STUDENT BEHAVIOR

STEP	RESPONSIBILITY	PROCEDURE	RESOURCES
#1	Classroom Teacher	Regular classroom placement	The teacher utilizes instructional and classroom management methods which include posted classroom rules and consequences for behavior.
#2	Classroom Teacher and School Staff	Regular classroom placement and referral to school resources	This involves advice and support from colleagues, involvement of the school support staff or student referral into a systematic school discipline system.
#3	Classroom Teacher, School Staff and District Staff	Regular classroom placement and request for district resources	The district provides consultation resources such as a special educator, school psychologist or behavior specialist.
#4	Classroom Teacher, School Staff and District Staff	Request for special education evaluation and eligibility decision. Placement in a special building program and/or regular classroom.	The multidisciplinary team determines eligibility, the IEP team determines the placement and programming, and the special education staff provides and coordinates services.
#5	School Staff, Special Education, District Staff, and Community Resources	Placement within district resources and referral to community resources.	District and community resources.

It is important to note that it is not until step four in this model that a student is referred for an eligibility decision. Instead, the primary emphasis is placed upon the school system's responsibility for utilizing its resources to create a positive and appropriate learning environment for the student. An extensive technology exists for creating classroom environments that allow a wide range of students to have a positive learning experience (Duke, 1982; Jones & Jones, 1986; O'Leary & O'Leary, 1977). Likewise, numerous methods exist for the remediation of student behavior problems. Recently Walker, et al., (1985) wrote:

It should be noted that remarkable technological progress has been achieved during this same period of time in the development of instructional and behavior change procedures that can dramatically alter skill deficits and behavior problems of the full range of children experiencing behavior disorders in school (Morgan & Jenson, in press; Paine, Bellamy, & Wilcox, 1984; Walker, 1979, in press; Walker, McConnell, & Clarke, in press). However, school personnel have not, as a rule, been aggressive in adapting, implementing, and delivering these innovative practices to the school setting (p. 10).

Recommended Eligibility Criteria

There are several appropriate methods for collecting sufficient objective documentation to support a multidisciplinary team judgment. The following criteria utilize consistent, easily obtained and verifiable documentation of serious behavior and/or emotional disorders. Using these criteria, the multidisciplinary evaluation team's decision will be based upon rational, verifiable and defensible measures of behavior. The following represents an appropriate minimum evaluation method, and districts may wish to use additional documentation. Furthermore, it must be emphasized that the multidisciplinary evaluation team has the legal responsibility for determining eligibility, and the Individual Education Program (IEP) team has the legal responsibility for determining placement and the provision of services[2]. These are two different teams with different members and with two distinctly different purposes.

Specific Cross-Validated Criteria

Using the procedures recommended in this paper, a professional judgment by a multidisciplinary team for eligibility as seriously emotionally disturbed requires documentation of all of the following (1-9):

1. Five optional methods for documenting serious behavior and/or emotional disorders are utilized. The methods include direct observation or teacher and parent ratings of observed behavior. The combination of methods cross-validate each other and document that the serious behavior and/or emotional problems are displayed in more than one setting and over an extended period of time.

   At least two of the following five optional methods are required:

   a. The student is rated at or above the 98th percentile on two different acceptable problem behavior rating scales by two or more current teachers. An alternative to using total rating scale scores would be to use similar-named subscale scores from different acceptable rating scales. However, caution should be used in utilizing subscale scores because the reliability of subscales is always lower than the reliability of a full scale score. Also, some subscales have an inadequate sampling of behaviors to base defensible decisions on. It is always desirable to use full scale scores when feasible.

      Rationale: This will demonstrate that serious behavior problems are displayed across settings. The 98th percentile was selected to prevent overidentification of seriously emotionally disturbed students, however, the use of similar named subscales allows for some flexibility. Two different rating scales are utilized to have a more reliable index.

   b. The student is rated at or above the 98th percentile on two different acceptable problem behavior rating scales (or similar-named subscales) by his/her current teacher and at least one previous year's teacher.

      Rationale: This will demonstrate that severe behavior problems have been displayed for a long duration of time and are not just the perceptions of one teacher. A much smaller percentage of students will be rated above the 98th percentile by two consecutive year's teachers than by a single year's teacher.

   c. The student is rated at or above the 98th percentile on two different acceptable problem behavior rating scales (or similar-named subscales) by one or more parents/guardians.

      Rationale: This will also demonstrate that the severe behavior problems are displayed across settings. The student

[2] See definitions in glossary section.

must still display the severe behavior or emotional problems in school. However, the parent or guardian rating is particularly helpful when only one teacher's ratings are available.

d. The student's observable school and/or classroom problem behavior is documented to be more severe than approximately 98 percent of his/her peers (e.g., two standard deviations above the mean on locally normed and reliable observation codes or through frequency counts of problem behaviors). Observations should consist of a minimum of three 20-minute sessions and include at least two different school settings. Students should be observed at least twice during their academic activities and at least once during a "free play" or recreational activity. In addition, observations should be made, whenever possible, prior to any formal testing so as to limit the student's reactions to the observation.

Rationale: Some Oregon school districts are already utilizing uniform, systematic classroom observations to aid in eligibility decisions, and some states (e.g., Arkansas, Idaho, Michigan, Mississippi and Tennessee) already require systematic observations. It seems reasonable to assume that in the future more specialists will be trained to reliably use these procedures. This will demonstrate that the serious behavior or emotional problems are observable and measurable. Use of this criteria also enables a district to respond sensitively and responsibly to student populations whose norms may differ from those populations on whom standardized checklists were normed.

e. The student is currently displaying behavior which is endangering his/her life, or seriously endangering the safety of others.

Rationale: This will allow districts to more easily meet the criteria for students endangering the safety of themselves or others.

All of the following are required:

2. Behavior management consultation to the classroom teacher(s) has been provided over a period of at least four weeks by a behavioral specialist, and documentation indicates that specific, prescribed and consistently employed, classroom management interventions, have not reduced the inappropriate behavior within acceptable limits suggested by these eligibility criteria. It is recommended that behavior rating scales and observational data obtained for eligibility decisions by the multidisciplinary evaluation team be obtained following the implementation of these interventions.

Rationale: This would document that less intrusive and restrictive educational interventions have been provided before a student is identified as seriously emotionally disturbed. Some states (e.g., Florida, Michigan, Tennessee and Washington) have similar requirements written into their administrative rules, and other states (e.g., California) have technical assistance papers suggesting such interventions prior to certification. In addition, if the student's problem behaviors are responsive to available classroom management interventions, the student should probably not be found eligible for services under the category of seriously emotionally disturbed.

3. The problem behaviors have been exhibited for over six months. This may be waived if the child is endangering his/her life or seriously endangering the safety of others.

Rationale: The American Psychiatric Association and the California Association of School Psychologists have already adopted this criteria as a definition of a "long period of time" or "an extended period of time." The authors believe it is a reasonable criteria.

4. No recent acute stressor or isolated traumatic event in the child's environment (e.g., divorce or death in the family, loss of property) can adequately explain the problem behaviors.

Rationale: This will help prevent students who are experiencing "situational disturbances" due to divorce or death in the family or loss of property from being misidentified.

5. No medical problem or health impairment can adequately explain the problem behaviors.

Rationale: Documented ongoing medical problems interfering with the student's school behavior or achievement should fall

within the category of "other health impaired." Students may, of course, be eligible under both "seriously emotionally disturbed" and "other health impaired" categories.

6. No inappropriate educational program can adequately explain the problem behavior pattern.

   Rationale: This will help prevent mentally retarded, gifted and learning disabled students from being misidentified.

7. No culturally different norms or expectations can adequately explain the problem behavior pattern.

   Rationale: This will help prevent students from different cultures from being misidentified.

8. The child is either 1) performing markedly below his/her academic potential on acceptable academic tests or school report cards or, 2) severely deficient in social skills or social competence as measured by a social competence scale.

   Rationale: This will demonstrate that the serious behavior or emotional disorders are associated with school academic or social behaviors which require special education remediation. Students found to be seriously emotionally disturbed typically have severe problems with social or interpersonal behaviors. Although seriously emotionally disturbed students also typically have academic problems, a precise criteria for academic deficits is not suggested. In most cases a significant academic problem will be easy to demonstrate on standard school tests and report cards.

9. In cases where uniform, systematic classroom observations (as described in 1d) are not used, direct observation by a school psychologist and/or other behavioral specialist has documented that either 1) the student is displaying specific problem behaviors at a high frequency in school settings or, 2) the student is displaying low frequency behaviors which grossly deviate from acceptable social norms. Observations should be made during a minimum of three, 20-minute sessions to include at least two school settings. Students should be observed at least twice during their academic activities and at least once during a "free play" or recreational activity. In addition, observations should be made, whenever possible, prior to any formal testing so as to limit the student's reactions to the observations.

   Rationale: This criteria is necessary to verify the information provided from rating scales.

Cautions on Using Alternative Procedures

The use of subjective and projective procedures (e.g., Rorschach, Sentence Completion Test, Children's Apperception Test, House-Tree Person, etc.) should be avoided as a basis for eligibility decisions since their poor reliability and validity have demonstrated these procedures to be of minimal value for differential diagnosis (Anastasi, 1982; Cronbach, 1970; Dunn, 1973; Gittelman-Klein, 1978; Heward & Orlansky, 1980; Reeve & Kauffman, 1978; Thorndike & Hagen, 1977). The information obtained from subjective personality measures is also often difficult to verify and is thus a violation of the Family Educational Rights and Privacy Act — PL 93-380, commonly called the Buckley Amendment (Salvia & Ysseldyke, 1985). Information from subjective measures, family history and/or "clinical impressions" may be helpful for treatment or intervention services, but is unnecessary for eligibility decisions. The interpretation of scatter on intelligence tests is also not a valid method for diagnosing emotional or behavioral problems (Gutkin, 1979; Thompson, 1980). In addition, there are no psychological tests which measure "personality," anxiety, self-concept or depression precisely enough to be used alone for eligibility purposes (Kazdin & Petti, 1982; Reeve & Kauffman, 1978). Districts may, however, wish to use criterion-referenced tests to help place seriously emotionally disturbed students in appropriate groupings for educational or counseling purposes.

Suggested S.E.D. Evaluation Checklist

	YES	NO
1. At least two of the following five apply. a. The student is rated at or above the 98th percentile on two different acceptable problem behavior rating scales (or similar-named subscales) by two or more current teachers.		
b. The student is rated at or above the 98th percentile on two different acceptable problem behavior rating scales (or similar-named subscales) by his/her current teacher and at least one previous year's teacher.		
c. The student is rated at or above the 98th percentile on two different acceptable problem behavior rating scales (or similar-named subscales) by one or more parents/guardians.		
d. The student is currently displaying behavior which is endangering his/her life or seriously endangering the safety of others.		
e. The student's observable school and/or classroom problem behavior is documented to be more severe than approximately 98 percent of his/her peers.		
All these apply: 2. Behavior management consultation to the classroom teacher(s) has been provided over a period of at least four weeks by a behavioral specialist and documentation indicates that specific prescribed and consistently employed, classroom management interventions, have not reduced the inappropriate behavior within acceptable limits suggested by these eligibility criteria.		
3. The problem behaviors have been exhibited for over six months. This may be waived if the child is endangering his/her life or seriously endangering the safety of others. Waived: _____ Yes _____ No		
4. No recent acute stressor or isolated traumatic event in the child's environment (e.g., divorce or death in the family, loss of property) can adequately explain the problem behavior.		

5. No medical problem or health impairment can adequately explain the problem behavior pattern.		
6. An inappropriate educational program cannot adequately explain the problem behavior pattern.		
7. Culturally-different norms or expectations cannot adequately explain the problem behavior pattern.		
8. The child is either: a. Performing markedly below his/her academic potential on acceptable academic tests or school report cards (_____ Yes _____ No) or, b. severely deficient in social skills or social competence (_____ Yes _____ No).		
9. Direct observation by a school psychologist and/or behavior specialist has documented that either: a. The student is displaying problem behaviors at a high frequency (_____ Yes _____ No) or, b. the student is displaying low frequency behaviors which grossly deviate from acceptable social norms (_____ Yes _____ No).		

Provision of Special Education Services

The placement and educational programming for seriously emotionally disturbed students is determined by an Individual Education Program (IEP) team. PL 94-142 requires that such a team include the parent(s) or guardian(s), the student's teacher(s), a representative of the local school district and the student whenever appropriate. A member of the multidisciplinary evaluation team or another individual who is knowledgeable about the evaluation procedures used with the child and the results of the evaluation must be part of the IEP team during the initial IEP process.

Students served in programs for seriously emotionally disturbed students vary in the severity and type of their emotional and/or behavioral handicap. Therefore, programs for emotionally disturbed students can vary significantly in their delivery approaches (Beare & Lynch, 1983; Peterson, et al., 1983). Because of the diversity of students served under this category, programs for emotionally disturbed students must offer a cascade or continuum of services (Walker, Reavis, Rhode & Jenson, 1985). The range of programs include:

1. A full-time regular classroom placement with regular (weekly) consultation provided to the classroom teacher(s) by a behavioral specialist.

2. A full-time regular classroom placement with regular consultation provided to the classroom teacher(s) and specially designed programs focusing on social skills or social problem solving provided to the student.

3. A model in which a student spends one or two periods a day receiving instructional and behavioral assistance from individuals trained to work with emotionally disturbed students either within a resource room or other designated classroom environment. The ratio of students to teachers or specially trained aides should be six to one or less.

4. A self-contained special education class with the student spending between 15 and 80 percent of his/her time in this special class. Regular classroom teachers who have this student in "mainstreamed" classes should receive ongoing assistance (through behavioral programs or classroom visits) from behavioral specialists. The ratio of students to teachers or specially trained aides should fall between one to one and six to one.

5. A total self-contained program. The ratio of students to teachers or specially trained aides should fall between one to one and six to one.

6. A placement in a state certified day treatment center for the school day.

7. A community placement (usually in a residential treatment facility) with students mainstreamed for all or part of the school day into school programs.

8. A total residential placement.

Involvement in any of the above eight programs should be supported by related psychological services. Related psychological services have been defined (Federal Register, 1977, p. 42474) as:

a. Administering psychological and educational tests and other assessment procedures;

b. Interpreting assessment results;

c. Obtaining, integrating, and interpreting information about child behavior and conditions relating to learning;

d. Consulting with other staff members in planning school programs to meet the special needs of children as indicated by psychological tests, interviews, and behavior evaluations, and

e. Planning and managing a program of psychological services, including psychological counseling for children and parents (emphasis added).

Program Components

There are several program components which are important for bringing about long-term behavioral changes in emotionally disturbed students (Jones, 1985). These components can be incorporated into any of the eight delivery models presented above. However, they are essential for models 4 to 8.

1. A positive, caring staff that employs effective communication skills, communicates high expectations for students, and models mature, non-defensive adult behavior.

2. A competency-based instructional program leading to improved basic academic skills and an accompanying enhanced sense of personal competence.

3. Consistent use of classroom management techniques demonstrated to be associated with higher rates of "on-task" behavior and academic achievement (Duke, 1982; Emmer, et al., 1984; Evertson, et al., 1984; Jones & Jones, 1981, 1986; O'Leary & O'Leary, 1977).

4. A general behavior management program that provides uniform structure and positive reinforcement for all students. This usually involves a sequenced or "levels" system in which students earn predetermined privileges for performing specified behaviors for a designated period of time. Such systems are most effective when the lowest level provides a highly structured environment with no special privileges — frequently a room or area separated from the main area of the classroom. Subsequent levels must offer clearly distinctive privileges so that students are motivated to move rapidly to higher levels.

5. An individualized behavior management program that relates to the student's specific treatment, issues and goals. It is essential that each student be aware of his/her behavioral goals and have a program designed to reinforce progress toward those goals.

6. A behavioral counseling approach that assists students in learning how to evaluate their behavior and select and perform more appropriate behaviors.

7. A social skills or problem-solving training program that helps students to develop and practice new behaviors which increase a student's ability to obtain social reinforcement and decrease behaviors that elicit negative peer and adult responses. Available programs include Goldstein's (1970) *Skillstreaming the Adolescent*, Walkers's (1983) *Social Skills Curriculum*, Waksman and Messmer's (1985) *Assertive Behavior,*

Weissberg, et al., (1980) *Social Problem-Solving Program*, Spence's (1981) *Social Skills Training*, Jackson, et al., (1983), *Getting Along with Others*, and McGinnis and Goldstein's (1984) *Skillstreaming the Elementary School Child.*

8. A process of providing students with feedback and interpretations directed at helping them understand the likely causes of their behavior. Research and prescription in this area is based on the work of Bowlby (1969, 1973), Mahler (1975), Masterson (1976, 1980), Minuchin (1978), and Nielsen (1983). Caution should be taken so that the interpretations do not directly follow inappropriate behavior in a manner that inadvertently reinforces the problem behavior. Additionally the interpretations should focus on specific behaviors and the relationship between student options, choices and consequences so they reinforce students taking responsibility for their behavior rather than providing excuses.

9. A program for providing parents with support and verbal and behavioral skills for managing and guiding their children's behavior (Federal Register, 1977, p. 163). Available programs include Brownstone and Dye (1977), Dinkmeyer (1983), Lerman (1984), Patterson and Forgatch (1975), and Wagonseller and McDowell (1982).

10. A program for providing ongoing consultation and training to assist regular classroom teachers in working with students displaying behaviors that disrupt the learning environment and/or whose behavior detracts from their ability to learn.

Glossary

1. **An acceptable problem behavior rating scale.**

   This describes commercially available norm-reference rating scales or problem checklists which have been validated for identifying school and/or behavior problems. The rating scales may identify conduct problems, withdrawn or avoidant behavior problems, psychotic and/or schizophrenic disorders, or general school maladjustment. The rating scales should have been normed on students similar to the one in question, with large enough samples for adequate generalization. Reliability and validity data for the rating scales must be provided and conform to American Psychological Association standards. Test users are referred to Salvia and Ysseldyke (1985), American Psychological Association (1984), Sattler (1982), and Thorndike & Hagen (1972) for acceptable standards of reliability, validity and norms. Some examples of acceptable rating scales for school behavior disorders are:

   a. Behavior Evaluation Scale (Education Services)
   b. Behavior Rating Profile (Pro-ed Publishing)
   c. Child Behavior Checklist (Achenbach & Edelbrock, 1983)
   d. Portland Problem Behavior Checklist-Revised (Asiep Education Company)
   e. School Behavior Checklist (Western Psychological Services)
   f. Walker Problem Behavior Identification Checklist-Revised (Western Psychological Services)

   Some examples of acceptable rating scales for home behavior disorders are:

   a. Behavior Rating Profile (Pro-ed Publishers)
   b. Child Behavior Checklist (Achenbach & Edelbrock, 1983).

2. **Autistic Students** — Autistic students are students who meet the current National Society of Autistic Children's definition or The American Psychiatric Association's *Diagnostic and Statistical Manual's* (Third Edition) criteria for autism. A committee is currently developing specific eligibility criteria for autistic students for the State of Oregon.

3. **Behavior Specialist** — This describes a certified school psychologist, or another educator, designated by the district, who has special training in assisting teachers in implementing effective classroom management methods and adjusting other classroom factors to bring about more productive student behavior.

4. **Criterion-Referenced Measure** — This refers to tests in which responses are assessed on the basis of an individual's own performance in relation to a predetermined criterion.

5. **Hyperactive Students** — Hyperactive students are students who meet the current American Psychiatric Association's *Diagnostic and Statistical Manual's* (Third Edition) criteria for attention deficit disorder and/or are rated above the 98th percentile (Werry, Sprague & Cohen, 1975) by teachers and parents on published hyperactivity rating scales, but do not meet the proposed criteria for eligibility as seriously emotionally disturbed. Approximately 40 to 60 percent of all hyperactive students meet the usual criteria for eligibility under the category of learning disabilities (Lambert & Sandoval, 1980). Hyperactive students must meet the same eligibility criteria for special education services as students who are not hyperactive.

6. **Individual Education Program Team** — The placement and educational programming for seriously emotionally disturbed students is determined by an Individual Education Program (IEP) team. PL 94-142 requires that such a team include the parent(s) or guardian(s), the student's teacher(s), a representative of the local school district and the student whenever appropriate. A member of the multidisciplinary evaluation team or another individual who is knowledgeable about the evaluation procedures used with the child and the results of the evaluation must be part of the IEP team during the initial IEP process.

7. **Measures of Social Competence or Social Skills** — This describes commercially available norm-referenced assessment instruments validated for measuring the quality or adequacy of a student's performance at social tasks. Examples of acceptable measures of social competence and/or social skills are the social competence scale of the *Child Behavior Checklist* (Achenbach & Edelbrock, 1983), the *Kohn Social Competence Scale* (Kohn, Parnes, & Rosman, 1979), and the *Waksman Social Skills Rating Scale* (Asiep Education Company, 1984). As this field develops, we anticipate a larger selection of measures from which to choose.

8. **Multidisciplinary Evaluation Team** — The size and membership of the team may vary according to the complexity of the child's problems. However, the team must include at least one teacher or other specialist with knowledge in the area of suspected disability (Federal Register, 1977, pp. 42496-42497). Each member of the multidisciplinary evaluation team should be a fully qualified professional in his or her speciality and have received educational training leading to a professional certificate and/or license appropriate to that level of speciality. Whenever possible a certified school psychologist should be a member of the team for determining the eligibility of a student as seriously emotionally disturbed. Some states (e.g., Alaska, Florida, Idaho, Mississippi, Ohio, South Carolina and Tennessee) mandate that a certified school psychologist must be a member of the team, and other states (e.g., Washington) mandate a certified school psychologist or a certified school social worker. Whenever possible the school psychologist should conduct a large share of the evaluation and whenever appropriate review the assessment results of other multidisciplinary team members. Since school districts may be held liable for inappropriate evaluation and placement procedures, it is in the district's best interest to use only licensed, certified or qualified specialists for making these decisions. When evaluation reports are prepared by contracted psychiatrists or psychologists in the community, these reports and evaluation results, along with other documentation, should be reviewed by the multidisciplinary evaluation team for determining eligibility. Although the American Psychiatric Association's DSM-III diagnosis may be required for eligibility for services in some mental health programs, the DSM-III label is not relevant for public school purposes. The multidisciplinary team, not the contracted individual psychologist or psychiatrist has the legal responsibility for determining eligibility.

9. **Norm-Referenced Measure** — This refers to measures designed to compare the performance of an individual taking a test to the performances of other individuals of the same age or grade level.

10. **Orthopedically Impaired or Other Health Impaired** — A student verified by a physician licensed by the Board of Medical Examiners for the State of Oregon to have a health condition which is either permanent or is expected to exist for more than a two-month period and requires special education services due to that condition.

11. **Specific Learning Disabilities** — This refers to one category of children who are handicapped; a disorder in one or more of the basic psychological processes involved in understanding or using language, spoken or written, which may manifest itself in an imperfect ability to listen, speak, read, write, spell or to do mathematical calculations. Children with specific learning disabilities are unable to profit from regular classroom methods and materials without special educational help, and are, or will become, extreme underachievers. These deficiencies may be exhibited in mild to severe difficulties with perception (the ability to attach meaning to sensory stimuli), conceptualization, language, memory, motor skills, or control of attention. Specific learning disabilities include such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia and developmental aphasia. The term does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, mental retardation, emotional disturbance, or are due to environment, cultural or economic disadvantage. (OAR 581-15-005)

Commercially Available Selected Behavior Rating Scales

The following behavior rating scales appear to meet the American Psychological Association (1974) and acceptable professional standards (Salvia & Ysseldyke, 1985) for reliability, validity and norms and thus are acceptable for use in these proposed evaluation procedures for seriously emotionally disturbed students.

Name of Scale, Authors and Publisher	Published	Level
Rating Scales for School Behavior		
Behavior Evaluation Scale S. McCarney, J. Leigh and J. Cornbleet Associated Management Systems PO Box 510 Vernon, AL 35592-0510	1983	Grades K-12
Behavior Rating Profile-Teacher Form L. Brown and D. Hammill Pro-ed Publishing Co. 5341 Industrial Oaks Boulevard Austin, TX 78735	1983	Grades 1-12
Child Behavior Checklist-Teacher Form T.M. Achenbach University Associates in Psychiatry 1 South Prospect Street Burlington, VT 05401	1983	Ages 6-16
Portland Problem Behavior Checklist-Revised S. Waksman Asiep Education Company 3216 NE 27th Portland, OR 97212	1984	Grades K-12
School Behavior Checklist L. Miller Western Psychological Services 12031 Wilshire Boulevard Los Angeles, CA 90025	1977	Ages 4-13
Walker Problem Behavior Identification-Revised H. Walker Western Psychological Services 12031 Wilshire Boulevard Los Angeles, CA 90025	1983	Grades P-6
Rating Scales for Home Behavior		
Behavior Rating Profile-Parent Form L. Brown and D. Hammill Pro-ed Publishing Co. 5341 Industrial Oaks Boulevard Austin, TX 78735	1983	Ages 4-16
Child Behavior Checklist-Parent Form T.M. Achenbach University Associates in Psychiatry 1 South Prospect Street Burlington, VT 05401	1983	Ages 4-16

Commercially Available Measures of Social Competence or Social Skills

Child Behavior Checklist-Parent Form T.M. Achenbach University Associates in Psychiatry 1 South Prospect Street Burlington, VT 05401	1983	Ages 4-16
Child Behavior Checklist-Teacher Form T.M. Achenbach University Associates in Psychiatry 1 South Prospect Street Burlington, VT 05401	1983	Ages 6-16
Kohn Social Competence Scale William Alanson White Institute 20 West 74th Street New York, NY 10023	1979	Ages 3-6
Waksman Social Skills Rating Scale-Teacher Form S. Waksman Asiep Education Company 3216 NE 27th Portland, OR 97212	1984	Grades K-12

Commercially Available Social Skills and Social Problem-Solving Training Programs

Goldstein, A.P., Sprafkin, R.P., Gershaw, M.J., and P. Klein. 1980. *Skillstreaming the adolescent: A structured learning approach to teaching prosocial skills.* Champaign, IL: Research Press.

Jackson, N.F., Jackson, D.A., and C. Monroe. 1983. *Getting along with others: Teaching social effectiveness to children.* Champaign, IL: Research Press (2612 N Mattis Avenue, Champaign, IL 61820).

McGinnis, E., and A. Goldstein. 1984. *Skillstreaming the elementary school child: A guide for teaching prosocial skills.* Champaign, IL: Research Press.

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Waksman, S.A., and C.L. Messmer. 1985. *Assertive behavior: A program for teaching social skills to children and adolescents.* Portland, OR: Enrichment Press (1920 NW Johnson Street, #100, Portland, OR 97209).

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Weissberg, R.P., Gesten, E.L., Liebenstein, N.L., Schmid, K.D., and H. Hutton. 1980. *The Rochester social problem-solving program.* Rochester, NY: Center for Community Study (575 Mt. Hope Avenue, Rochester, NY 14620).

Wilkinson, J., and S. Canter. 1982. *Social skills training manual: Assessment, program design, and management of training.* NY: John Wiley & Sons.

Commercially Available Parent Training Programs

Brownstone, J.E., and C.J. Dye. 1977. *Communications workshop for parents of adolescents.* Champaign, IL: Research Press.

Dinkmeyer, D. 1983. *Systematic training for effective parenting of teens and step-teens.* Alexandria, VA: American Guidance Association.

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Duke, D. (ed.). 1982. *Helping Teachers Manage Classrooms.* Alexandria, VA: Association for Supervision and Curriculum Development.

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